IDENTIFYING INFORMATION

Offer Identifier: H_401_19F

Offer Name: Families and Children Together: A Children's Mental Health System of Care

This offer is for a new activity.

Result(s) Addressed

Improve Iowan's Health
- All Iowan's have access to quality care
  - Behavioral care including mental health treatment
- Improve quality of life
  - Strengthen and support families
  - Community based services for persons with special needs and vulnerable populations
- Improving the health system
  - Care coordination

Improving Student Achievement
- Ready-to-learn students
  - Health of learners – social/emotional supports
- Secure and nurturing families
  - Family stability
  - Family health

Safe Communities
- Youth and child development

New Economy (secondary)
- Attractive communities
  - Quality government services – health care
  - Affordability – accessible health care

Participants in the Offer: DHS

Person Submitting Offer: Kevin Concannon, Director, DHS

Contact Information: Mary Nelson, 281-5521, mnelson1@dhs.state.ia.us

OFFER DESCRIPTION

Currently, many Iowa families are forced to relinquish custody of their children with mental health needs in order for their children to receive needed mental health services. This offer is designed to develop and support community-based services (both family-based and residential) for children with behavioral health needs so that families can access services without going through child in need of assistance (CINA) proceedings in the Juvenile Court or the child welfare system.

DHS is initially proposing this offer. However, we have had conversations with leadership staff within with the Departments of Education and Health, and they are eager to work with us to develop and implement the strategies in this offer if approved. We would also intend to work with the MHDDMRBI Commission; the Mental Health Planning Council; and with families, advocacy organizations and community providers to develop the details of the proposal if the Buying Teams determine we should move forward with this proposal.

This offer involves 4 major strategies.

- System of Care. DHS would work with the stakeholders listed above to apply for a Systems of Care grant for children's mental health through the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Systems of Care grants enable states to:
  - develop a comprehensive and coordinated array of services to meet the individual needs of children with mental and behavioral health needs, as well as the support needs of his/her family -- including school-based, school-linked, and community-based services of prevention, early intervention, wrap-around, intensive in-home services, and residential treatment
  - use interagency efforts to coordinate and individualize services to support practice and get positive results for children and families across education, children's mental health, public health and other child agencies
  - build practice models that are child centered and family focused, community based, and culturally competent.

  Funds from the grant would be used for planning and for development and delivery of services in pilot sites. We anticipate that the Substance Abuse and Mental Health Services Administration (of the Department of Health and Human Services) will announce the availability of new Systems of Care grants yet this calendar year. Iowa is one of a handful of states that has not yet received funding for a Systems of Care grant from SAMHSA.

- Medicaid HCBS Waiver. DHS would work with the stakeholders listed above to develop a Medicaid home and community based services (HCBS) waiver for children with serious emotional disturbance (SED).
  - The waiver would serve children who are under age 18 (or 18 – 21 in certain circumstances); meet the definition of serious emotional disturbance; meet admission criteria for a state mental health institute, psychiatric medical institution for children (PMIC), or private psychiatric hospitalization; and are eligible for Medicaid. (Note that only the child's income would be used to determine eligibility for Medicaid.)
  - Waiver services would include wraparound facilitation/community support, parent support and training, respite care, and independent living/skill building services.
  - Waiver services would be built around a system of care model, based on core values of child centered, family focused and community based services, with the needs of the child and family dictating the type and mix of services provided.

- Redirection of existing Community Mental Health Block Grant funds. DHS would also work with the Mental Health Planning Council to identify other opportunities to use federal Community Mental Health Block Grant (CMHBG) dollars to support this effort. One idea would be to use discretionary CMHBG funds to purchase care coordination for children with SED through contracts with local entities (e.g., community mental health centers or other accredited mental health providers). Another opportunity would be to coordinate activities with the community mental health centers; effective July 1, 2005, the Legislature has allocated 70% of the CMHBG funding to community mental health centers.

- Statutory changes. DHS would work with county attorneys and stakeholders to develop proposed legislative changes to statute to eliminate the use of child in need of assistance (CINA) proceedings for children with behavioral or mental health needs who do not have child protective needs.

DHS has received $75,000 in charter agency funding to contract with a consultant to help us write the System of Care grant application and the HCBS waiver proposal. With respect to the HCBS waiver, we have already begun researching other state's successful waivers, including Wisconsin, Kansas, Vermont, New York and Delaware.

OFFER JUSTIFICATION

A 2003 GAO report noted that nationwide, parents placed over 12,700 children into the child welfare or juvenile justice systems so that these children could receive mental health services. The report noted that neither the child welfare nor the juvenile justice system was designed to serve children who have not been abused or neglected, or who have not committed a delinquent act. The report also notes that parental relinquishment of custody in order to access mental/behavioral health services is disruptive to family relationships and the child's development.

The GAO report attributes this issue to several factors, including the following.
- Limitations in private insurance to mental health coverage
- Not all children are covered by Medicaid, especially when living at home
- Limited access to services even when parents could afford mental health services

Many families of children with severe mental health problems in Iowa are faced with this very difficult choice of not getting adequate mental health services for their children or relinquishing custody of their children in order to qualify for services. Families who do access services through the child welfare system report significant stigma associated with being involved with the child welfare system and/or CINA adjudication. They also lose decision-making authority, especially if they go through the Juvenile Court. We estimate that 250 to 500 children are currently served through the child welfare system (often through having their parents relinquish custody through a child in need of assistance [CINA] proceeding) solely to access needed behavioral health care services. In some cases, these children receive in-home services on a voluntary basis; in many cases, these children are adjudicated CINA and placed in foster care, residential treatment, or psychiatric institutions for medical care (PMIC).

The GAO report identified several strategies for providing more appropriate and cost-effective services, including the following.
- Better matching of children's needs to the appropriate level of service
- Substituting nontraditional and less expensive services and providers for more expensive traditional mental health services and providers

47 states have developed Systems of Care models to better meet the needs of children with behavioral/mental health needs and their families, with the assistance of a Systems of Care for Children's Mental Health grant. Iowa is one of only 3 states that have not received a Systems of Care for Children's Mental Health grant.

By focusing on building a system of care approach – using both the System of Care grant and the HCBS waiver -- this offer would build on the findings of other states that have implemented systems of care. This offer is also consistent with the President's New Freedom Report, which recommends family driven plans for children with SED and a wraparound approach to serving these children. Finally, this offer would build upon existing partnerships between DHS, Department of Education and Department of Public Health; and with families, communities and community-based providers.

This effort would also be consistent with the goals identified by the MHMRDDBI Commission for the children's disability redesign. That redesign will involve input from key stakeholders, including providers, Department of Education, Department of Public Health, families, advocate groups, and others. The "kickoff" for the children's disability redesign, "Touch the Lives of Children with Disabilities" is scheduled for October 21, 2004, and will feature a keynote from Robert Friedman, Chair of the Department of Child and Families Studies at the Louis de la Parte Florida Mental Health Institute University of South Florida, nationally known expert on children's mental health and systems of care.

This offer includes administrative functions and local staff necessary to deliver services effectively and efficiently. Service levels under this offer assume any salary adjustment for IDHS staff is fully funded.

Improve Iowan's Health
This offer would significantly improve access to behavioral/mental health care for children by enabling families to access services without having to go through child welfare system or Juvenile Court. It would also contribute to improving the quality of life for children with mental health needs by developing a system of services and supports that is more family focused and community based. Finally, it would improve the health care system by developing a more coordinated system of behavioral health care that spans education, human services, mental health, public health and community based providers.

Improving Student Achievement
This offer would improve access to mental health care, as well as social and emotional supports for children and youth with mental health needs. It would also contribute to family stability by making it easier for families to access in-home wraparound services as an alternative to out-of-home placement.

Safe Communities
Juvenile Court Officers have reported that an increasing number of youth with mental health needs are being adjudicated due to their mental health needs not being addressed. This offer will contribute to youth and child development, thereby reducing the number of children with mental health needs that are adjudicated delinquent and/or placed out of home.

New Economy
Communities with quality and accessible mental health care for children are more attractive for families.

PERFORMANCE MEASUREMENT AND TARGET

Measurement	Target
Reduction in children placed out of home to access mental health services	25%
Parental satisfaction with services for their children	90%

PRICE AND REVENUE SOURCE (Were no numbers in what I was given.)

Expense Description	Amount of Expense	FTE's
Systems of Care Grant[1]	$1,333,000	1
HCBS waiver services[2]	$8,400,000	
Iowa Medicaid Enterprise	$336,000	

[1] State match and federal funding for the System of Care grant changes each year, according to following schedule.

Year	Federal $	State match
1	$1,000,000	$333,333
2	$1,500,000	$500,000
3	$2,500,000	$833,000
4	$2,000,000	$2,000,000
5	$1,500,000	$3,000,000
6	$1,000,000	$2,000,000

[2] Estimate based on average daily population of 350 children in waiver, and average monthly cost of $2,000 for waiver and state plan services.

Service delivery	?	?
Administration	?	?
Total	$10,069,000	

Revenue Description (State General Fund Appropriations)	**Amount**
State Appropriation (FY2006) for System of Care grant	$333.000
State appropriation for HCBS waiver	$3,176,410
Federal System of Care grant (FY2006)	$1,000,000
Federal match for HCBS waiver	$5,559,590
Total	$9,733,000

IDENTIFYING INFORMATION

Offer Identifier: H_401_29F

Offer Name: Choice, Community, and Empowerment for Iowans with Disabilities
(Adult Systems MH/MR/DD/BI Redesign Project)

This offer is for a (pick one):
_____ new activity
__x__ improved existing activity (describe the improvements in your narratives below)
_____ status quo existing activity

Result(s) Addressed:
Primary: Improve Iowans' Health

- All Iowans have access to Quality Care
  - Chronic/Long Term Care
  - Behavioral and Developmental care including substance abuse and mental health treatment
  - Continuity of Care
- Improve Quality of Life
  - Strengthen and Support Families
  - Safe and Health Living Environment for children, persons with special needs and vulnerable populations
  - Community Based Services for person with special needs and vulnerable population
  - Culturally Competent Practices
- Improving the Health Care System
  - Transportation and Physical Access to Care
  - Cross System Referrals and Coordination

Secondary: Safe Communities:

- Prevention
  - Adult Self Sufficiency
    - Reduce Substance Abuse
    - Improve mental health
    - Education, workplace skills
  - Successful Re-entry of Offenders
    - Continuum of sanctions to manage the risk with the proper level of supervision
    - Reduce the risk of re-offending
    - Programs, treatments, employment

Secondary: New Economy

- Education Workforce
  - Skills for a New Economy
    - Training of Existing Workforce
- Attractive Communities
  - Quality Government Services
    - Safety
    - Healthcare
  - Affordability
    - Assessable Health Care

Participants in the Offer: DHS,

Person Submitting Offer: Kevin Concannon, Director, DHS

Contact Information: Mary Nelson, 281-5521, mnelson1@dhs.state.ia.us

Code

OFFER DESCRIPTION

In 2002, the Legislature consolidated the responsibilities of the State County Management Committee and the MHDD Commission into a reorganized MHDD Commission to study this system and determine how Iowa might more effectively serve these populations. The Commission convened workgroups to gather information and help with the redesigning of the system. Participants included: individuals with disabilities, family members, advocates, providers and funders. The Lt. Governor embraced this process and the final report and many of the recommendations were included in the Governors 2004 list of priorities. The MHDD Commission submitted recommendations to the General Assembly in December 2003. The Commission redesign efforts focus on access to quality care, care coordination, consumer choice, and emphasizing community-based services to keep people out of institutions. The redesign also focuses on best practice and evidence based practice. The redesign embraced the values of choice, community and empowerment. Specific recommendations included the following.

- Development of consistent eligibility criteria across the state, include income eligibility and uniform functional assessment
- Development of core services that would be available across the state
- Elimination of legal settlement, and substitution of residency to determine responsibility for payment
- Continuation of the state-federal-county mix of funding
- Development of an actuarially-based case rate approach for allocating state funds to the counties
- Redefinition of the role of state institutions

The Commission felt that one of their first duties in their redesign was to become more inclusive and to help make sure that individuals with developmental disabilities and brain injury be made eligible for services. These people, who have high needs, have traditionally not been served in the most cost effective, community based programs.

This offer is designed to support the work done by the Commission and the Commission's recommendations. Specific improvements proposed for SFY 2006 include the following. The table below identifies the proposals, and shows whether they are designed to improve the existing system, expand services, or both.

System Improvement	System Improvement	Service Expansion
County analysis of number of persons needing MHDD services, funding sources, persons served, services provided, functional assessment tools and processes, case rate development, centralized data system. (Currently, there is no centralized data system so collecting accurate data and un-duplicating it is a tremendous project.)	X	
Training for individuals with disabilities, CPC's, and providers related to person centered planning, peer-to-	X	

peer mentoring, and recovery -- these are programs that help individuals with disabilities live fuller and richer lives		
Increase the BI waiver slots for 150 individuals -- persons with Brain Injury are a tremendously under served population.		X
Expanded use of Evidence-Based-Practices (EBP)	X	
Continue 3 prison-release community reintegration pilot projects for persons with mental illness		
Start up costs to add self-direction to all 6 Medicaid Home and Community Based Service (HCBS) waivers -- this allows individuals to become more independent.	X	
Develop additional community housing through Iowa Finance Authority -- this embraces the Governor's Priority of access to housing.	X	X
Provide incentives for supported employment - we need to help providers prepare for individuals with disabilities, with training, accommodations, and supports.	X	
Convert county non-Medicaid eligible persons into Medicaid eligible persons -- this project would allow funding of more individuals.	X	
Start up funds for assertive community treatment (ACT)/IPR – these are successful programs for individuals with chronic mental illness that could be used in many areas of the state, if there was funding.	X	X

DHS also submitted grant proposals to CMS under the Real Choices initiative and a grant proposal to the Robert Wood Johnson Foundation to enable DHS to implement consumer directed care (i.e., increased consumer choice) within the Medicaid HCBS waivers. DHS has gotten word from CMS that our no-cost extension to our Real Choices grant has been approved. We've also received word that our Robert Wood Johnson Foundation grant has been approved. DHS also recently received funds from the Charter Agency Fund to hire a CPA firm to develop a set of case rates as a new means of allocating funding to counties, consistent with the recommendations of the MHMRDDBI Commission's recommendation for redesign. This would enable DHS to allocate dollars to counties based on number of consumers being served rather than a county's general population.

Under the oversight of the MHMRDDBI Commission, DHS has convened a set of Adult Redesign Teams to develop implementation plans for the Commission's Redesign recommendations, as follows.

- Universal Access Team. This team is working on identifying the gap between the services counties currently provide and the "universal access" services recommended in the Redesign report, including cost estimates associated with closing the gap.
- Residency Team. This team is working on issues related to the transition from legal settlement to residency, including estimating fiscal impacts of change from legal settlement to residency.
- Core Services Team. This team is working on more specific definitions of the core services identified in the Commission's recommendations.
- Information Technology Team. This team is working on identifying the data and system needs need to support the system redesign, including outcome monitoring.

- Resource Center Team. This team is working on more clearly defining the role of the Resource Centers in the redesigned system.
- Mental Health Institutes (MHI) Team. This team is working on more clearly defining the role of the Mental Health Institutes in the redesigned system.
- Functional Assessment/Diagnostic Eligibility Team. This team is working on the development of the standardized functional assessment tools to be used in the redesigned system.

OFFER JUSTIFICATION

Improve Iowan's Health
The Department of Human Services continues to work with individuals with disabilities to enhance their lives in the communities of their choice. Iowa's disability system is very much in alignment with the President's New Freedom Initiative, especially recommendations 2.1-Develop an individualized plan of care for every adult with a serious mental illness, 2.2-Involve consumers and families in orienting the mental health system toward recovery, 2.4-Involve consumers and families in orienting the mental health system toward recovery, 3.2-Improve access to quality care in rural and geographically remote areas, and 5.2-Advance evidence-based practices using dissemination and demonstration projects. Iowa is also moving ahead addressing subjects related to the Olmstead US Supreme Court decision and the Governor of Iowa issued an Executive Order that "hereby order and direct the heads of state agencies to undertake steps to identify and address barriers to community living for individuals with disabilities and long term illnesses in Iowa". These programs identified in this project allows for the Department of Human Services to keep up with the pace of the nation and will ultimately create an Enhanced Disabilities System for Iowan's that need it.

The State of Iowa, county governments, service providers and individuals with disabilities continue to collaborate to increase community capacity, find new and innovative ways to provide services, look at new services (best practices), increase employment opportunities (for the individuals with disabilities), and in general, to make all communities more accommodating and inclusive for all people.

Safe Communities
Persons with disabilities want to live in safe communities, just as the rest of us want this. Services and supports help maintain people and help keep communities safe. There are programs available to help individuals with anger management, preventative services for mental health issues and substance abuse. There are training programs for individuals with disabilities to help them get into the workforce.

New Economy
People with disabilities can be maintained, with proper supports, in the communities and living environments of their choice. These people are one of the untapped 'resources' for the workforce. Many communities are actively helping maintain jobs for persons with disabilities and are helping to train people to fill job openings. Communities that are disability service strong continue to grow and flourish. Many people choose to live in places where there are services available for their family members and where diversity is embraced.

PERFORMANCE MEASUREMENT AND TARGET

Start up new ACT or IPR programs	4 statewide
Recruit and train the trainers in recovery, peer to peer mentoring and person centered services	20 statewide
Provide trainings to the 3 key groups	300 people statewide

Add self direction to all the waivers	6 waivers

PRICE AND REVENUE SOURCE

Expense Description	Amount of Expense	FTE's
Data System*	$500,000	
Training for individuals with disabilities, CPC's, and providers,	$395,000	
Increase the BI waiver slots for 150 individuals	$1,400,000	
Continue 3 prison-release community programs	$240,000	
Start up cost to add self-direction to waivers	$2,155,000	
Develop additional community housing	$500,000	
Provide incentives for supported employment	$1,000,000	
Convert non-Medicaid eligible to Medicaid eligible	$50,000	
Start up funds for ACT/IPR	$500,000	
Total	$6,740,000	0

Revenue Description (State General Fund Appropriations)	Amount
Governor's Initiatives	$6,740,000
Total	$6,740,000

*This is only for preliminary work on the data system, it is NOT the cost of buying one. It also includes professional fees for actuarial data for case rate development, profession fees for disability surveys, etc.